

PLEASE DO NOT WRITE IN THIS BOX, FOR LIBRARY USE ONLY

Last Name _____		First Name _____	
BC#24515 _____		Bor. # _____	
Date _____	West <input type="checkbox"/>	Children's <input type="checkbox"/>	

SS# _____ D.O.B. ____ / ____ / ____

Name _____

Address _____

City _____ State _____ Zip _____ Ward _____

Alternate Address _____

P.O. Box Holders & Students Only

City _____ State _____ Zip _____

Home Phone _____ Alt Phone _____ Employer Phone _____

Employer _____

Employer's Address _____

Your E-Mail Address _____

School _____ Grade _____

Parent's Name *(Please Print)* _____

Parent's Signature *(Required if Under 18)* _____

I agree with all library rules and regulations, to pay promptly all fines/fees for late, damaged or lost materials, and to give prompt notice of any change of address. I agree that all the information given above is correct.

Borrower's Signature _____

Below this line for staff use only

ID (Photo) _____

_____ Staff Initials _____